

Preventing Cesarean Birth



What is a cesarean section?

A cesarean section is a surgery done to deliver your baby through your abdomen. The number of cesareans done in the United States has gotten too high in the past several years, and a vaginal birth is the safest for most women and their babies.

Why are cesareans done during labor?

Very rarely, a cesarean is done because there is an emergency health problem for you or your baby. The most common reason for a cesarean is that labor is not going as fast as expected. Your contractions may not be strong enough, your cervix may not be dilating (opening), or your baby may not be moving down the birth canal. If your health care provider suggests you need a cesarean because your labor is not going fast enough, ask if you have other options. If your baby's heart rate is doing well, there is likely no medical reason to have a cesarean birth.

Why should I try to avoid a cesarean?

You are more likely to have health problems after a cesarean than after a vaginal birth. These include severe bleeding, infection, more pain, and a longer recovery time. Having a cesarean may prevent you from holding your baby in the first hour after birth and also makes it harder to start breastfeeding. You are more likely to be unsatisfied with your birth experience, which can lead to anxiety and depression. Your baby can have problems breathing after birth. Rarely, your baby can be hurt or cut during the surgery.

Having a cesarean can cause you to have health problems later. If you get pregnant again, you can have problems with your placenta and severe bleeding, which might require a hysterectomy (removal of the uterus). You may have to have cesareans for all future births, and the health risks are worse each time you get pregnant after having your first cesarean. For all these reasons, a cesarean should be done only if it is needed to protect your health or your baby's health.

What can I do during my pregnancy to prevent having a cesarean birth?

- Find a provider who has a low cesarean rate. Providers have different cesarean rates for low-risk women. Ask about your provider's cesarean rate before you choose. Midwives often have the lowest rates of intervention. A rate of 15% or lower for women who are low risk and having their first baby is best.
- Find a birth place that has a low cesarean rate. Cesarean rates vary a lot in different birth settings. Women who are low risk and plan to give birth in out-of-hospital birth centers and at home have the lowest cesarean rates. Do your homework!
- Talk to your provider about your preferences. Discussing your desires for birth with your provider prior to labor is important. This gives you the opportunity to find out how they will work with you to help you have a vaginal birth. If you are not comfortable with your provider's answers, you have time to find a provider who supports your goals.
- Do not have your labor induced unless there is a medical reason. Induction of labor can significantly increase your chance of cesarean birth. If this is your first baby, the chance of cesarean birth can be twice as high with induction compared with going into labor spontaneously. This is true until you are at least a week beyond your due date.

What can I do during labor to prevent having a cesarean birth?

- Don't go to the hospital too early. Wait until you are having strong, regular contractions to go to the hospital. This allows you to move freely and eat and drink as you choose for most of your labor. If you get to the hospital too soon, ask if you can go home and return later when you are in active labor or your cervix is about 5 cm dilated.
- Have an experienced labor support person with you. Continuous support from a doula (trained labor companion), friend, or family member who knows about the experience of childbirth can help you through labor and decrease your chance of having a cesarean. Doulas provide information during labor and birth, help you cope with labor pain by suggesting comfort measures, and support you and your partner through labor.
- Epidurals may raise your chance of having a cesarean birth. There are many methods you can use to cope with labor pain including moving around, using the shower or being in a tub, and using other types of medication. You can learn about other pain relief methods before you go into labor.
- Avoid use of continuous fetal monitoring if possible. Use of continuous fetal heart rate monitoring increases your chance of having a cesarean birth. If you are low risk, do not have an epidural, and your labor is not being induced, you may ask that the fetal heart rate not be checked continuously (all the time) so you have freedom to move around during your labor.

What should I discuss with my provider if she or he recommends a cesarean birth during labor?

If your provider recommends that you have a cesarean birth, and it is not an emergency problem for you or your baby, ask your provider:

- Why is a cesarean birth being recommended?
- Are there any other options for me to think about other than a cesarean?
- What are the risks and benefits of doing a cesarean birth now for my baby and me?
- Is it possible to have some more time to think about this or try other options?
- What are the risks and benefits of the other options?

Being in labor is hard work, and it may not be easy for you to ask a lot of questions. Talk to your partner, family member, friend, or doula who will be with you in labor about wanting to prevent a cesarean. They can help support you in talking with your provider while you are in labor.

For More Information

Childbirth Connection: Everything you need to know about cesarean section

<http://www.childbirthconnection.org/pdfs/cesareanbookletsummary.pdf>

Coalition for Improving Maternity Services: Discussion on the risks of cesarean section

<http://www.motherfriendly.org/Resources/Documents/TheRisksofCesareanSectionFebruary2010.pdf>

Share with Women: Should I have a cesarean birth? Induction of labor

<http://www.midwife.org/Share-With-Women>

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